

The background of the slide is a green chalkboard. In the lower-left quadrant, two pieces of pink chalk are lying on the surface. There are several faint, white chalk markings scattered across the board, including a large 'A' at the bottom, a 'V' to the right, and some curved lines and dots in the upper and middle sections.

Stamford Public Schools

Benefits Overview

Fall 2023

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Agenda

- **Enrollment**
- **Making Benefit Changes**
- **Contributions**
- **Benefits Overview**
 - *State Partnership Plan 2.0*
 - *HEP*
 - *Pension/401A*
 - *FSA*
 - *403b/457 Retirement Savings Plans*
 - *Life Insurance/Accident Insurance*
- **EAP**

Medical Options

- State Partnership Plan administered by Anthem.
 - **Site of Service**
 - **HEP**
- Dental Only administered by CIGNA
- Waive
 - *You may waive medical coverage if you have other medical coverage.*
 - *You will not receive compensation of waiving the coverage.*
 - ***Mid-year changes to this option are permitted only if you experience a Qualified Life Event.***

ANTHEM – State Partnership Plan 2.0



IN NETWORK	CT Partnership Plan 2.0
Medical Office Visit	\$15 co-pay \$0 for Tier 1
Specialist Office Visit	\$15 co-pay \$0 for Tier 1
Vision Exams (one per calendar year)	\$15 co-pay
Inpatient Hospital	\$0 co-pay
Outpatient Hospital	\$0 co-pay
Emergency Room	\$250 co-pay (waived if admitted)
Urgent Care	\$15 co-pay
Walk-In	\$15 co-pay
Lab/X-Ray High Cost Radiological and Diagnostic Tests	\$0 co-pay for Tier 1 80%/20% coinsurance for Tier 2
In-Network Deductible	Individual: \$350 Family: \$350 each member (\$1,400 maximum). Waived for HEP-compliant members.
Coinsurance	Not applicable
Max out of pocket	\$2,000 individual \$4,000 family



How HEP Works

- All requirements and chronic condition education are measured per **calendar year**
- Preventive requirements are determined by **age and gender**
- Chronic conditions are determined through claims and medication history on an individual basis
- All requirements (preventive and chronic education) are to be completed by **December 31** of each year
- If you have joined HEP at any time after **January 1st** of the current year, you will have until the end of the following year to complete your requirements
- You can register 60 days from your insurance effective date

Preventive Requirements

HEP REQUIREMENTS

PREVENTIVE SCREENINGS	AGE						
	0-5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings*	N/A	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 5 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	N/A	1 screening between age 45-49**	As recommended by your physician
Cervical Cancer Screening (Pap Smear)	N/A	N/A	Every 3 years (21+)	Every 3 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years to age 65
Colorectal Cancer Screening	N/A	N/A	N/A	N/A	N/A	40-44: N/A 45+ Colonoscopy every 10 years, Annual FIT/FOBT to age 75 or Cologuard screening every 3 years	

For those with a chronic condition: The household must meet all preventive and chronic requirements to be compliant.



Chronic Condition Education and Counseling

The HEP program requires participants who have been identified with one or more of the following chronic conditions to complete annual educational requirements related to their disease, as well as accept a call from a CMSI registered nurse if one should reach out:

- *Diabetes (Type 1 or 2)*
- *Asthma*
- *COPD*
- *Heart Disease/Heart Failure*
- *Hyperlipidemia*
- *Hypertension*

All educational materials can be found at
carecompass.quantum-health.com

Benefits of HEP

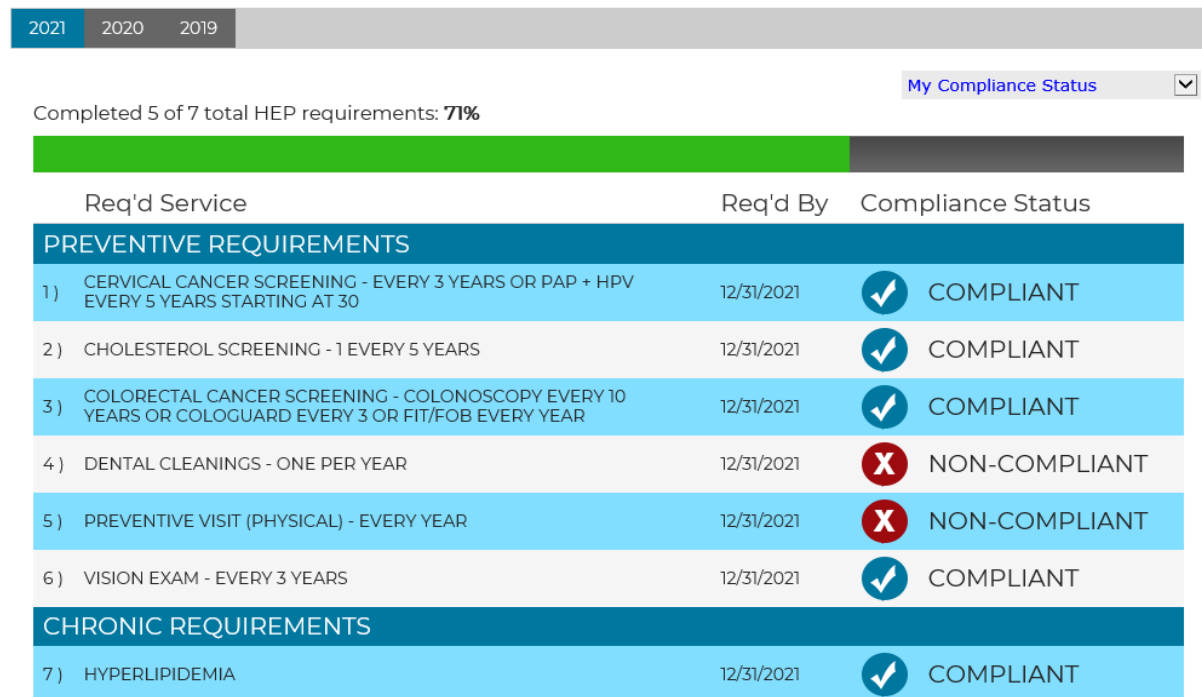
HEP does not only benefit your health, it also rewards employees and their dependents with a number of financial benefits by remaining compliant with the program:

- *Lower premium payments – Non-HEP employees pay an additional **\$100 per month in premium***
- *Lower out-of-pocket expenses – Non-HEP employees pay **annual \$350 individual/\$1,400 family** in-network medical deductible*
- *Office visit co-pays are **waived** for anything related to the chronic conditions*
- ***Lower to \$0 co-pays** for medications used to treat any of the chronic conditions mentioned earlier*

View Your Personal Requirements via the Web Portal

Once registered, you can:

- Check your compliance status
- Click on the “My Compliance Status” drop-down to check your family status
- If identified with a chronic condition, click “fix this” to take a 5 question survey or read a fact sheet to complete the requirement online



Help, Forms & Contacts

- Under **Help, Forms & Contacts** you can locate our most commonly used forms. The **Physician Notification Form** should be used when a service was performed prior to joining your new plan.
- HEP questions- **1(833) 740-3258.**

Forms

FAQ

PHYSICIAN NOTIFICATION FORM

HEP REINSTATEMENT FORM

PERMISSION TO RELEASE PHI

NON-CUSTODIAL PARENT
FORM

MILITARY EXEMPTION FORM

RELIGIOUS EXEMPTION FORM

PERMISSION TO VIEW PHI IN
PORTAL

CIGNA Dental DPO

- Annual Maximum Benefit:\$1500 per dependent per calendar year
- Preventive Care Covered in full
- Basic Restorative 20%
- Major Restorative 40%
- Orthodontia Lifetime Max(only applies to dependent children under 19) \$1500





Making Benefits Changes

You may make changes during the school year only **if** one of the following events occur:

- Marriage or Divorce
- Birth or Adoption by you or your covered dependent child
- Death of your spouse or covered dependent child
- Termination or commencement of spouse or dependent child's employment
- Change in your, your spouse's or covered dependent child's job status from full-time to part-time or part-time to full-time
- Taking of an unpaid leave of absence by you, your spouse or your covered dependent child

2023-24 PREMIUM Paycheck CONTRIBUTIONS

Medical Plan + Dental + Prescription Drugs
Per Paycheck for 21 paychecks

	Employee	Employee + 1	Employee + Family
Administrators	\$162.59	\$346.71	\$427.83
Para Educators, Parent Facilitators and Intern Residents	\$133.69	\$285.07	\$351.78
Security	\$137.30	\$292.77	\$361.29
Teachers	\$137.30	\$292.77	\$361.29
Dental Only			
Administrators	\$6.25	\$12.13	\$19.77
Para Educators, Parent Facilitators and Intern Residents	\$5.13	\$9.97	\$16.26
Security	\$5.27	\$10.24	\$16.70
Teachers	\$5.27	\$10.24	\$16.70



Flexible Spending Accounts

- Deduct **pre-tax** dollars from your pay to **reimburse** yourself for eligible medical, dental and pharmacy expenses.
 - *Health Care* *\$2,500 maximum*
 - Full purpose FSA
 - Limited Purpose FSA (dental and vision)
 - **Can't have a Full Purpose FSA and an HSA**
 - *Dependent Day Care* *\$5,000 maximum*
- Advanced benefits Strategies manages your account.
- IRS requires that you **forfeit** unused funds at the end of the Jan-Dec plan year.
- "Distributions from a health FSA must be paid only to reimburse you for qualified medical expenses incurred during the period of coverage."



Flexible Spending Accounts

- **Additional IRS Rules**

- Change to your annual election only permitted if you experience a qualified life event.
- No exchanging of funds between accounts is permitted.
- Reimbursed expenses cannot be claimed as deductions or credits on income tax returns.
- You cannot withdraw funds from your accounts.
- You may not be reimbursed without an eligible claim.
- *"Distributions from a health FSA must be paid only to reimburse you for qualified medical expenses incurred during the period of coverage."*

403B/457

Investment Providers	Customer Service #	Website	Stamford Public Schools Group #
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Investment Providers Offering Accounts Invested in Mutual Funds

Compass Capital Management	203-264-8282	www.ccm-ria.com	7055
Fidelity Investments	800-343-0860	www.fidelity.com	50644
Cetera Investors (Foresters Financial)	203-239-4545	www.forestersfinancial.com	0350005
Hooker & Holcombe	866-495-3548	http://hhconsultants.com/solutions_casbo.aspx	MHKH1026
Oldham Resource Group	203-847-5300	www.oldhamresourcegroup.com	4725
The Vanguard Group	800-662-2003	www.vanguard.com	1000440

Standard Life Insurance

- Complete **mandatory** forms
 - *Teachers' Retirement Board Pension Beneficiary Form*
 - *Stamford Public Schools Life & Accident Beneficiary Forms*
- \$ 50,000 Basic Life and \$50,000 AD&D insurance
- Optional Life Insurance

Employee Assistance Program

- Juggling everyday responsibilities, coping with changes and dealing with unexpected problems are a part of life
 - *Marital and Family Difficulties*
 - *Emotional Stress*
 - *Addictive Disorder*
 - *Problems at Work*
 - *Elder Care*
 - *Financial or Legal Concerns*

Anthem EAP 1-800-999-7222



Benefit Administrators

- **Plan Information**
 - *Benefits Book and Medical Plan Summaries*
- **Benefits Administrators**
- *Anthem* [800-922-2232](tel:800-922-2232)
- *CVS Caremark* [800-318-2572](tel:800-318-2572)
- *CIGNA* [800-244-6224](tel:800-244-6224)
- *HEP Care Management Solutions* [\(833\) 740-3258](tel:833-740-3258)
- *Anthem EAP* [800-999-7222](tel:800-999-7222)



Questions

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